

Lincoln Police Department
James Peschong, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

April 23, 2012

Mayor Beutler and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Dickey's Barbeque Pit, 1226 'P' Street requesting a class A liquor license.

This location was previously known as Sur Tango which held a liquor license

William Carter, owner has requested that he be approved as the manager of the liquor license.

Background information on the applicant will be omitted as Mr. Carter is a currently approved liquor license manager.

The required training was completed on October 13th 2011.

Stockholder information has been included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.


JIM PESCHONG, Chief of Police



A nationally accredited law enforcement agency



PREMISE INFORMATION**RECEIVED**Trade Name (doing business as) Dickey's Barbecue Pit

APR 16 2012

Street Address #1 1226 P St**NEBRASKA LIQUOR
CONTROL COMMISSION**

Street Address #2 _____

City LincolnCounty LancasterZip Code 68508Premise Telephone number 402-440-0064

Is this location inside the city/village corporate limits:



YES



NO

Mailing address (where you want to receive mail from the Commission)

Name Will CarterStreet Address #1 1422 Sumner St

Street Address #2 _____

City LincolnState NEZip Code 68502**DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED
READ CAREFULLY**

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, outdoor area, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building. No blue prints please. Be sure to indicate the direction north and number of floors of the building.

**For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms

Length _____ feet

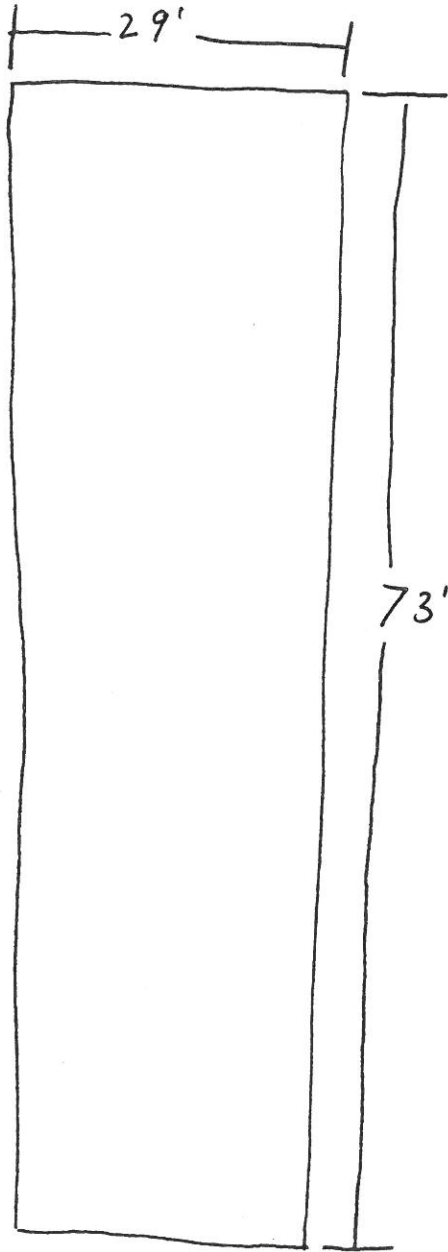
Width _____ feet

PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET

first floor only of three-story bldg plus
basement approx 40' x 33'

per bill 4/16/12

first floor

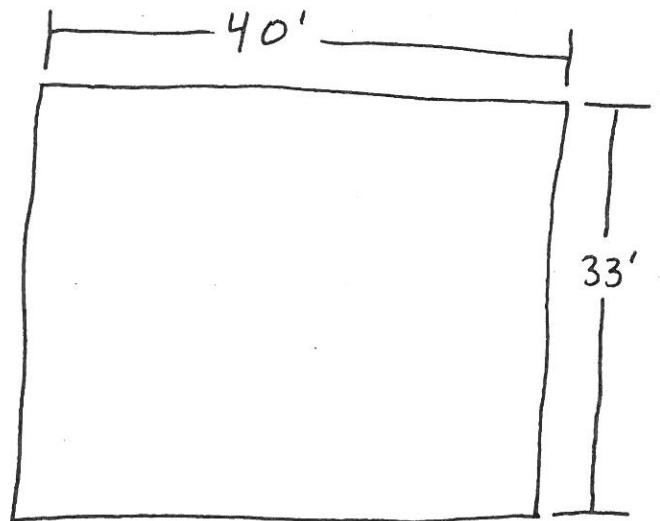


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NEBRASKA LIQUOR
CONTROL COMMISSION

Basement



APPLICANT INFORMATION

1. **READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.**

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name

☒ YES ☐ NO

If yes, please explain below or attach a separate page.

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Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition
Will Carter	2009	Ashland NE	Illegal tint	NEBRASKA LIQUOR CONTROL COMMISSION
Will Carter	2000	Hickman NE	Speeding	
Robert Carter	2008	Omaha NE	Illegal lane change	
Robert Carter	2009	Lincoln NE	Speeding	
Diane Carter	2007	Lincoln NE	Speeding	
All Applicants	Various	other traffic violations		

2. Are you buying the business of a current retail liquor license?

☐ YES ☒ NO

If yes, give name of business and liquor license number _____

- Submit a copy of the sales agreement
- Include a list of alcohol being purchased, list the name brand, container size and how many
- Submit a list of the furniture, fixtures and equipment

3. Was this premise licensed as liquor licensed business within the last two (2) years?

☒ YES ☐ NO

If yes, give name and license number _____

Sur Tango

Business closed 10/28/2010

4. Are you filing a temporary operating permit to operate during the application process?

☐ YES ☒ NO

If yes:

- Attach temporary operating permit (T.O.P.) (form 125)
- T.O.P. will only be accepted at a location that currently holds a valid liquor license.

5. Are you borrowing any money from any source, include family or friends, to establish and/or operate the business?

☒ YES ☐ NO

If yes, list the lender(s) First State Bank, Speedway Motors

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: ☒ MALE

☐ FEMALE

Last Name: Carter First Name: William MI: R

Home Address (include PO Box if applicable): 1422 Sumner St.

City: Lincoln County: Lancaster Zip Code: 68502

Home Phone Number: 402-440-0064 Business Phone Number: _____

Social Security Number: _____ Drivers License Number & State: NE

Date Of Birth: _____ Place Of Birth: Falls City, Nebraska

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☐ YES

☒ NO

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Spouse's information

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Spouses Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Drivers License Number & State: _____

Date Of Birth: _____ Place Of Birth: _____

APPLICANT & SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST TEN (10) YEARS

APPLICANT

SPOUSE

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
Hickman, NE	2002	2004			
Longview, TX	2004	2005			
Lincoln, NE	2005	2012			

STATE OF NEBRASKA

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF THE ORIGINAL RECORD ON FILE WITH THE NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES, VITAL RECORDS OFFICE, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE

4/14/2009

LINCOLN, NEBRASKA

Stanley S. Cooper
STANLEY S. COOPER
ASSISTANT STATE REGISTRAR
DEPARTMENT OF HEALTH AND
HUMAN SERVICES

STATE OF NEBRASKA—DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF LIVE BIRTH

126- 85

1. CHILD—NAME FIRST MIDDLE LAST William Robert Carter			2. SEX Male	3a. DATE OF BIRTH (Month, Day, Year)		3b. HOUR 4:13 P.
4a. HOSPITAL—NAME (If not in hospital, give street and number) Community Hospital, Inc.		4b. INSIDE CITY LIMITS (Specify Yes or No) Yes	4c. CITY, TOWN, OR LOCATION OF BIRTH Falls city		4d. COUNTY OF BIRTH Richardson	
5a. (Signature) <i>B. G. Farmer</i>			5b. DATE SIGNED (Month, Day, Year) June 25, 1985		5c. NAME AND TITLE OF ATTENDANT IF OTHER THAN CERTIFIER	
6a. CERTIFIER—NAME AND TITLE (Type or print) B. G. Farmer, M.D.			6b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) Falls City, Nebraska 68355			
7a. REGISTRAR—SIGNATURE <i>Deana Williams</i>			7b. RECEIVED MONTH DAY YEAR 6-27-85			
8a. MOTHER—MAIDEN NAME FIRST MIDDLE LAST Diane Marie Ziemann			8b. AGE (At time of this birth) 29	8c. CITY AND STATE OF BIRTH (If not in U.S.A., Name Country) Lincoln, Nebraska		
9a. RESIDENCE—STATE Nebraska	9b. COUNTY Richardson	9c. CITY, TOWN, OR LOCATION, (Include zip code) Falls City 68355		9d. INSIDE CITY LIMITS (Specify Yes or No) Yes	9e. STREET AND NUMBER 2606 Towle Street	
10. MOTHER'S MAILING ADDRESS—Enter if not same as residence						
11a. FATHER—NAME FIRST MIDDLE LAST Robert Dean Carter			11b. AGE (At time of this birth) 30	11c. CITY AND STATE OF BIRTH (If not in U.S.A., Name Country) Falls City, Nebraska		
12a. certify that the personal information provided on this certificate is correct to the best of my knowledge and belief. (Signature of Parent or other informant) <i>Dean D. Carter</i>			12b. RELATION TO CHILD Mother			

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NEBRASKA VOUCHER
CONTROL COMMISSION

*Of the United States,
in Order to form a more perfect Union,
establish Justice, insure domestic Tranquility,
provide for the common defence,
promote the general Welfare, and secure
the Blessings of Liberty to ourselves and
our Posterity, do ordain and establish this
Constitution for the United States of America.*



SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR

2. 1. 1.

**PASSPORT
PASSEPORT
PASAPORTE**

UNITED STATES OF AMERICA

Surname / Nom / Apellido

CARTER

Given Names / Prénoms / Nombres

WILLIAM ROBERT

Nationality / Nationalité / Nacionalidad

UNITED STATES OF AMERICA

Date of birth / Date de naissance / Fecha de nacimiento



7660-01-0100 / Lieu de naissance

NEBRASKA, U.S.A.

Date of issue / Date

May 2009

date d'expiration / Date d'expiration / Fecha de caducidad

May 2019

SEE PAGE 37

SEE PAGE 27

USA

P<USACARTER<<WILLIAM<ROBERT<<<<<<<<<<<<<<<<<
6570219273USA [REDACTED] 2M1905261319277147<507502

APPLICATION FOR LIQUOR LICENSE
CORPORATION
INSERT - FORM 3a

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website:

Office Use

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NEBRASKA LIQUOR
CONTROL COMMISSION

Officers, directors and stockholders holding over 25% shares of stock, including spouses, are required to adhere to the following requirements:

- 1) All officers, directors and stockholders must be listed
- 2) President/CEO and stockholders holding over 25% and their spouse(s) (if applicable) must submit fingerprints (2 cards per person)
- 3) Officers, directors and stockholders holding over 25 % shares of stock and their spouse (if applicable) must sign the signature page of the Application for License form 100 (even if a spousal affidavit has been submitted)

Attach copy of Articles of Incorporation (Articles must show barcode receipt by Secretary of States Office)

Name of Registered Agent: Robert D. Carter

Name of Corporation that will hold license as listed on the Articles
R & W BBQ, Inc.

10144520

Corporation Address: 7300 Hickman Rd.

City: Hickman

State: NE

Zip Code: 68372

Corporation Phone Number: 402-440-0064

Fax Number

Total Number of Corporation Shares Issued: 10,000

Name and notarized signature of President/CEO (Information of president must be listed on following page)

Last Name: Carter

First Name: Robert

MI: D

Home Address: 7300 Hickman Rd.

City: Hickman

State: NE

Zip Code: 68372

Home Phone Number: 402-792-2019

x Robert Carter

Signature of President/CEO

ACKNOWLEDGEMENT

State of Nebraska

County of Lancaster

April 2nd 2012

Date

Rod Hubbard

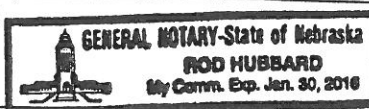
The foregoing instrument was acknowledged before me this

by

Robert Carter

name of person acknowledge

Affix Seal



List names of all officers, directors and stockholders including spouses (even if a spousal affidavit has been submitted)

Last Name: Carter First Name: Robert MI: D

Social Security Number: _____ Date of Birth: _____

Title: President Number of Shares 6,000

Spouse Full Name (indicate N/A if single): Diane Marie Carter

Spouse Social Security Number: _____ Date of Birth: _____

*Prints,
on file
9/15/11
" " on file*

Last Name: Carter First Name: William MI: R

Social Security Number: _____ Date of Birth: _____

Title: Secretary Number of Shares 4,000

Spouse Full Name (indicate N/A if single): N/A

Spouse Social Security Number: _____ Date of Birth: _____

*APIS
on file
9/15/11*

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Title: _____ Number of Shares _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

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NEBRASKA LIQUOR
CONTROL COMMISSION

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Title: _____ Number of Shares _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____